

Checklist (what to put in your office note)

- **Indication and documentation of patient's medical conditions and need**^{1 2}
 - Clinical atherosclerotic cardiovascular disease (ASCVD) (coronary artery disease, acute coronary syndromes, history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease)
 - Patients with LDL-C > 190 mg/dL, including familial hypercholesterolemia (FH - heterozygous or homozygous)
 - These two patient groups should be on maximally tolerated statin therapy and in need of additional LDL-C lowering (to achieve goals listed below)

- **A recent lipid panel (< 30 days old)**

- **FH Documentation:** For patients with presumed FH, include documentation of all supporting elements including history of low-density lipoprotein cholesterol (LDL-C) \geq 190 mg/dL, family history of first-degree relatives with premature ASCVD or elevated LDL-C, presence of tendon xanthomas or corneal arcus (\leq age 45), presence of premature ASCVD (men age \leq 50, women age \leq 60), or positive genetic testing indicating functional mutation (LDL receptor, apolipoprotein B, or proprotein convertase subtilisin/kexin type 9 [PCSK9]). *Always document pre-treatment LDL-C when available.*

- **Statin History:** Documentation of reasons patient is not on a high intensity statin, such as statin intolerance, (e.g., presence of intolerable symptoms such as muscle pain or muscle weakness) as well as the number of statins failed, including dosages and dates used.

- **LDL-C Goal:** Comment that the patient is not at LDL-C goal despite maximally tolerated statin therapy and specify the goal level, (e.g., < 100 mg/dL for FH without ASCVD and < 70 mg/dL for those with ASCVD).^{1 2} Alternatively, comment that patient did not achieve a \geq 50% LDL-C reduction on maximally tolerated statin therapy with or without adjunctive therapy.

- **Adjunctive Therapy:** Document use of adjunctive non-statin lipid lowering therapy such as ezetimibe, bile acid sequestrant, niacin, or the use of intensive lifestyle counseling with a registered dietitian/nutritionist.

Document, document, document, and do not give up!

1. Orringer CE, Jacobson TA, Saseen JJ, et al. Update on the use of PCSK9 inhibitors in adults: Recommendations from an Expert Panel of the National Lipid Association. *Journal of Clinical Lipidology*. 2017;11(4):880-890. doi:10.1016/j.jacl.2017.05.001.
2. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2017 Focused Update of the 2016 ACC Expert Consensus Decision Pathway on the Role of Non-Statin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk. *Journal of the American College of Cardiology*. 2017;70(14):1785-1822. doi:10.1016/j.jacc.2017.07.745.